

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	10/519,025-Conf. #1353
		Filing Date	December 2, 2004
		First Named Inventor	Marina B. Jensen
		Examiner Name	J. W. Drodge
		Art Unit	1797
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	HOI-12402/16
TOTAL AMOUNT OF PAYMENT		(\$)	1,055.00

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card
<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None
<input type="checkbox"/>	Other (please identify): _____		
<input type="checkbox"/>	Deposit Account	Deposit Account Number	07-1180
	Deposit Account Name: <u>Gifford, Krass, Sprinkle, Anderson &amp; Czikowski, P.C.</u>		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/>	Charge fee(s) indicated below		
<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		
<input checked="" type="checkbox"/>	Credit any overpayments		

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
- 20 or HP			x	=	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 3 or HP			x	=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 = _____		/50 = _____	(round up to a whole number) x	=			
							Fees Paid (\$)
							Fees Paid (\$)
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2501 Utility issue fee							755.00
1504 Publication fee for early, voluntary, or normal ...							300.00

<b>SUBMITTED BY</b>			
Signature	/Mark A. Harper, Ph.D./	Registration No. (Attorney/Agent)	60,248
		Telephone	(248) 647-6000
Name (Print/Type)	Mark A. Harper, Ph.D.	Date	August 6, 2009